

Work Order ID 92079

October-22-12 3:20:07 PM

92079

Page 1

Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 12-10-22 Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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647.1800	N/C
----------	-----

110

110

Waterjet

FLOW CNC Waterjet

2024 . 190

Memo

0.00

6 0 Jm 12-10-1

1-Cut as per Dwg

Dwg Rev: A/C

Prog Rev: A/C

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

6 0 Jm 12-11-1

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____		NCR No. _____									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Other	

Work Order ID 92079

October-22-12 3:20:07 PM

Item ID: 647.1818

Accept

Revision ID:

Item Name: Nose Door Spacer

Start Date: 22/10/2012 Start Qty: 6.00

6

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

130

130

QC

Quality Control

Operation
Description

QC8- Inspect parts - second check

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

DAS
15
12/11/02

6

140

140

Small Fab

Small Fab

Memo

ROLL SHEET AS PER TEMPLATE

0.00

6

SI
12/10/13

150

150

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS
15
12/11/02

6

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/>							
				<input type="checkbox"/> Other							

Work Order ID 92079

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92079

Page 3

Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

160

Outsource4

Outsource process - Anodize

Memo

0.00

PL12-11-26

ISSUE P/O: 18506

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

Receive & Inspect for Damage & Mat'l Certs

0.00

R12/18(6)

170

Packaging

Packaging

Memo

0.00

180

QC5- Inspect part completeness to step on W/O

0.00

180

QC

Quality Control

Memo

0.00

6

DAS
05.12.23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>									
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>									

Work Order ID 92079

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92079

Page 4

Item ID: 647.1818

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 22/10/2012 **Start Qty:** 6.00

6

Cust Item ID:

Required Date: 05/11/2012 **Req'd Qty:** 6.00

6

Customer:

Reference:

Approvals: **Process Plan:**

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**
190

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

190

SprayPaint

Spray Painting

Memo

0.00

6 0 0 12-12-31

200

QC14- Inspect Spray Paint

0.00

DAS,
05
13-01-05

200

QC

Quality Control

Memo

0.00

6

210

Identify as per dwg & Stock Location

139C

0.00

10/13/01/9-C

210

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

Work Order ID 92079

October-22-12 3:20:07 PM

92079

Page 5

Item ID: 647.1818

Accept

Revision ID:

Item Name: Nose Door Spacer

Start Date: 22/10/2012 **Start Qty:** 6.00

6

Required Date: 05/11/2012 **Req'd Qty:** 6.00

6

N900040100

Setup

Start

NS1

Stop

NS2

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
						Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220 *220*	QC21- Final Inspection - Work Order Release	0.00						13/1/10	40

QC

Quality Control

Memo

0.00

NR
13-01-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Picklist Print

October-22-12 3:20:12 PM

Page 1

Work Order ID: 92079

92079
647 1818

Parent Item: 647.1818

Parent Item Name: Nose Door Spacer

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S0.190		Purchased	No			110	sf	48.0000	0.057	0.36	0.4		

M2024T3S0 190

2024-T3 .190 sheet

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT019	48	
123305	48	123305

Jm r2-11-1

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/>				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/>	

The following is a copy of the original. The true scope of
all the subjects this report covers is far greater than is shown in
the original document. A full explanation is forthcoming.

NAME	ADDRESS	PHONE	TYPE
CONTRACTOR'S BUSINESS			10%
SELLER, SELLER'S		100-1234	6 PERCENT

NOTES:

 MATERIAL: ALUMINUM 2024-T3 PER AMS-OQ-A-250/4

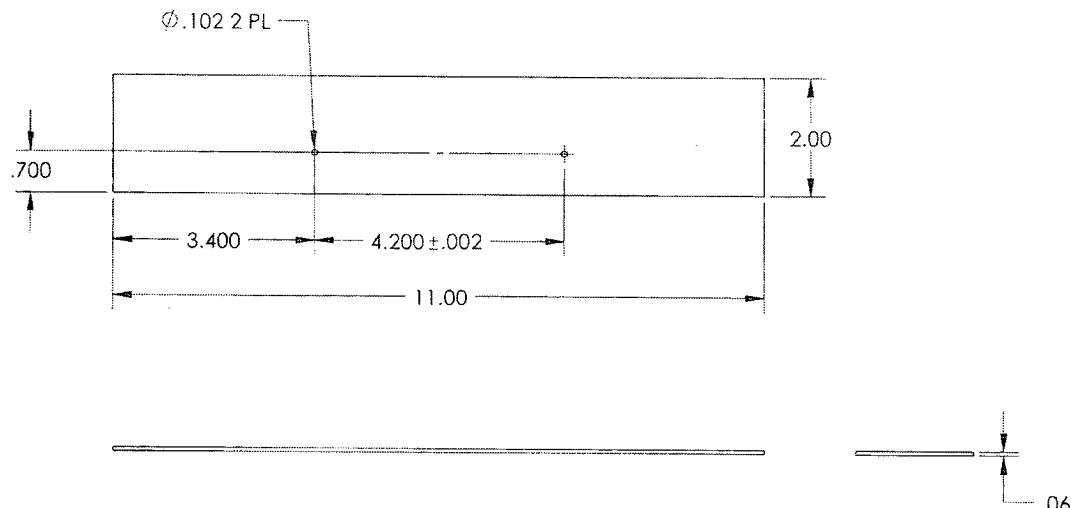
 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK:
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-233/7J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

SUPERIOR
REVIEW
ENGINEERING
UNCONSTRAINED
SUBJECTS

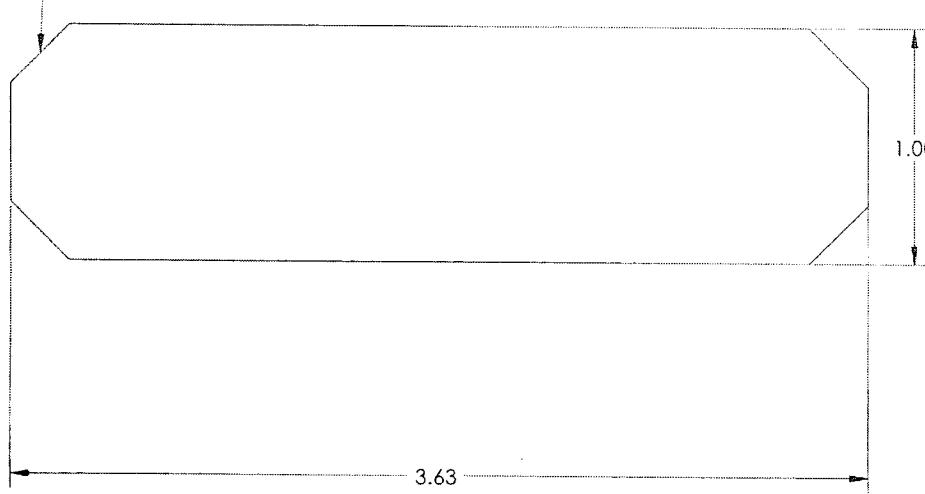
WORK ORDER
NO. 92079 ML5
12-10-22

647,181



THE PERSPECTIVE OF CLIMATE AND THE CHANGING STATE OF SOILS IN THE
PLATEAU KOREN AND PREDICTED TRENDS IN CLIMATE CHANGE WITHIN
THE CATCHMENT AREAS OF THE GEL'IA RIVER BASIN IN SIBERIA

— .25 X 45.0°
4 PL

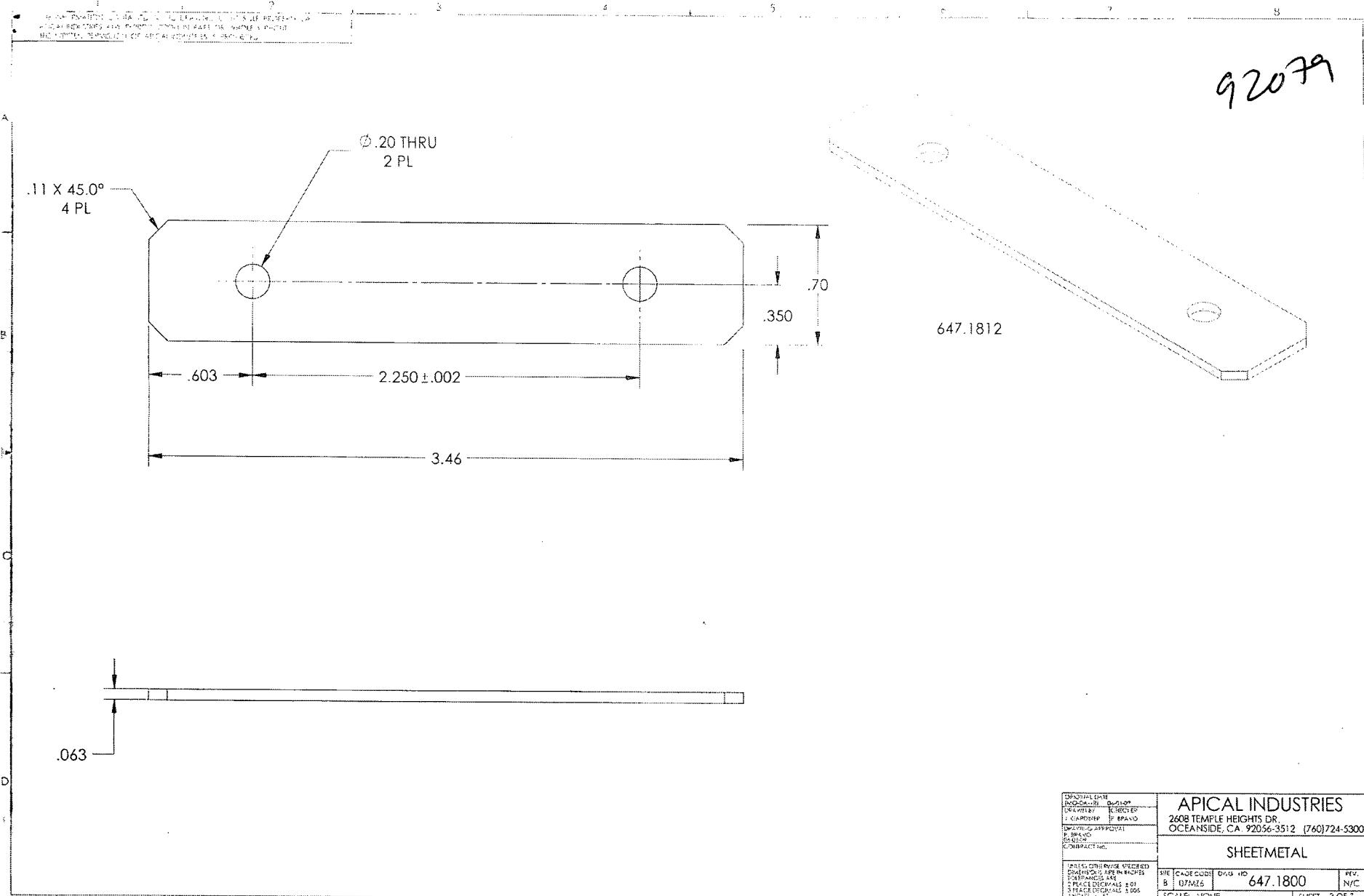


647.18

.063

CUTTING DATE 06/02/2004		APICAL INDUSTRIES		
DRAWN BY J. GARNER		2608 TEMPLE HEIGHTS DR. OCEANSIDE CA. 92056-3512 (760)724-5300		
DRAWING APPROVALS P. BROWN D. BROWN C. BROWN				
CONTINUED				
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES		SHEETMETAL		
1 PLATE 1/8" X 48" X 96"				
2 PLATE 1/4" X 48" X 96"				
3 PLATE 1/2" X 48" X 96"				
4 PLATE 3/4" X 48" X 96"				
SPEC	CAGE CODE	Dwg. No.	REV	
B	07M26	647.1800	N/C	
SCALE: NONE		SHEET 2 OF 7		

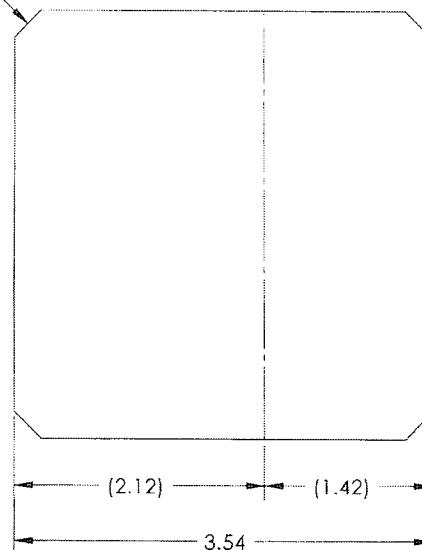
92079



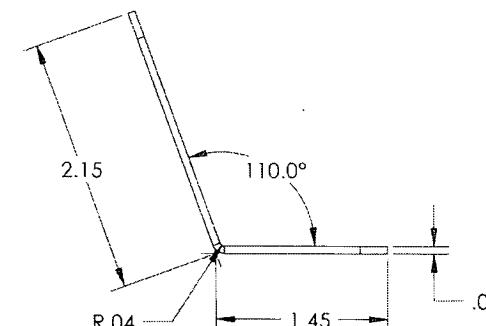
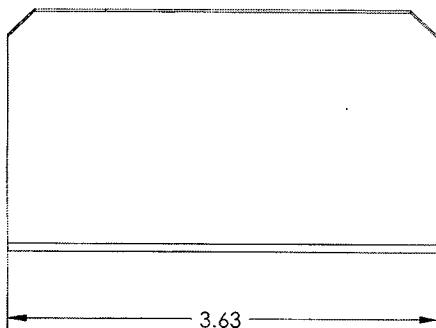
DRAWING DATE 10/04/01	REVISION 0	APICAL INDUSTRIES
DESIGNER J. CARDENAS	CHECKED F. RAVO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
SPONSOR APPROVAL P. SANCHEZ GARIBOLDI CONTRACTING		SHEETMETAL
PRINTING ORIGINS SPECIFIED DRAFTING BY APICAL INDUSTRIES 2 PLACE DECIMALS ± .01 TOLERANCES ± .005 ANGLES ± 5°	REV. CODE: B DATE: 07/01/01	647.1800 SCALE: NONE REQ. N/C SHEET 3 OF 7

1 2 3 4 5 6 7 8
ONE SIDE OF THE SHEET IS EXPANDED, THE OTHER IS NOT.
ALL LINES ARE HIGHLIGHTED AS PERTAINING TO THE EXPANDED SIDE.
THE OTHER SIDE IS FOR ASSEMBLY & SIGHTING.

.23 X 45.0°
4 PL



FLAT PATTERN



92079

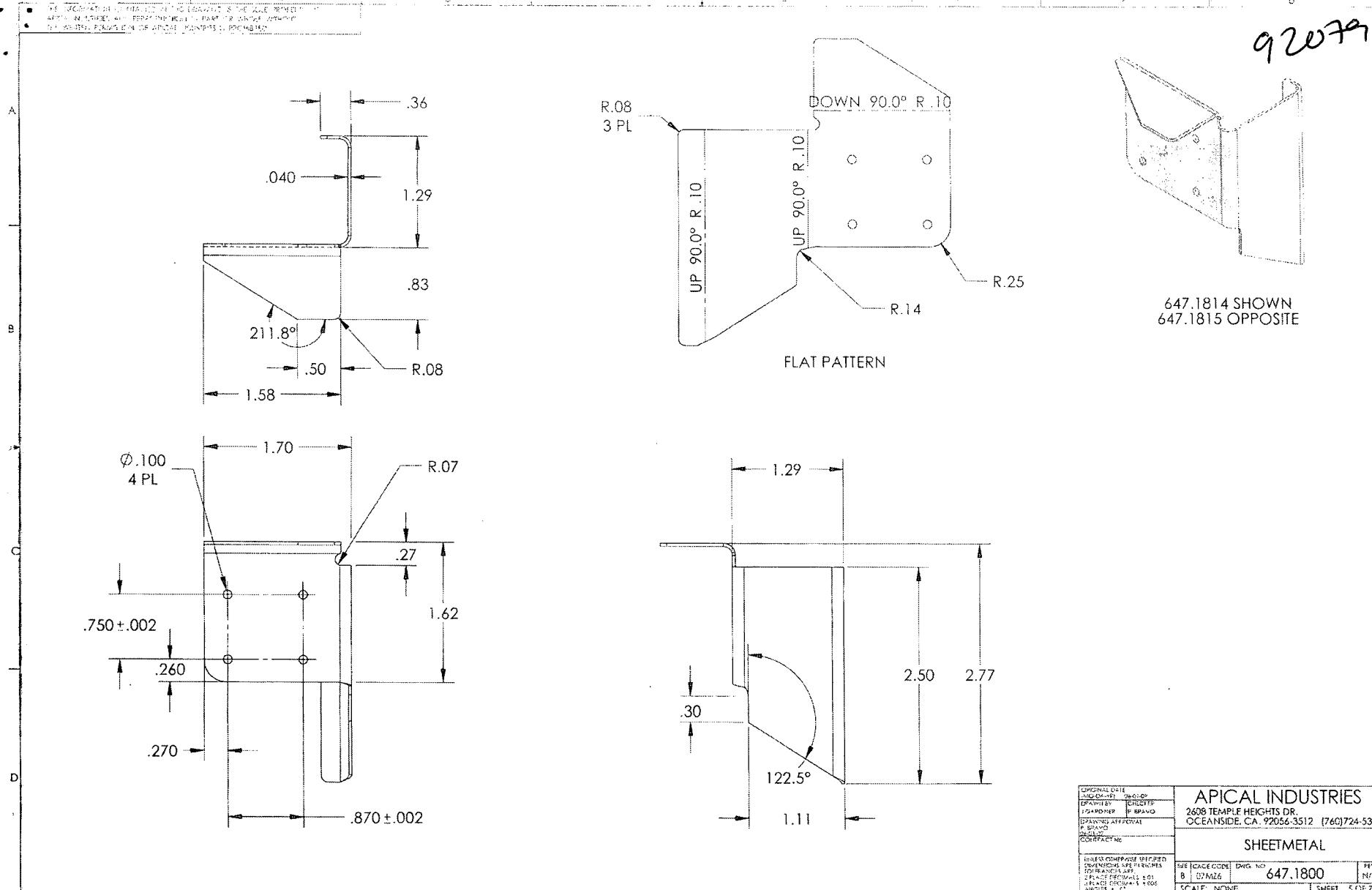
CHARGE DATE 2016-07-07 07:16	REVISION 0	CHECKER JGANDNER	INVOICED
DRAWING APPROVAL			
P&M VO DRAFTING CONTRACT NO.			
UNITED STATES DRAWINGS SPECIFICATIONS CONTRACTS ARE TYPED OR PRINTED 3 PLACE DECIMAL + 000 ANGLES ± 5°			
FILE	CLASS CODE	DRW. NO.	REV.
3	07M16	647.1800	N/C
SCALE: NONE		SHEET	4 OF 7

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR
OCEANSIDE, CA 92056-3512 (760)724-5300

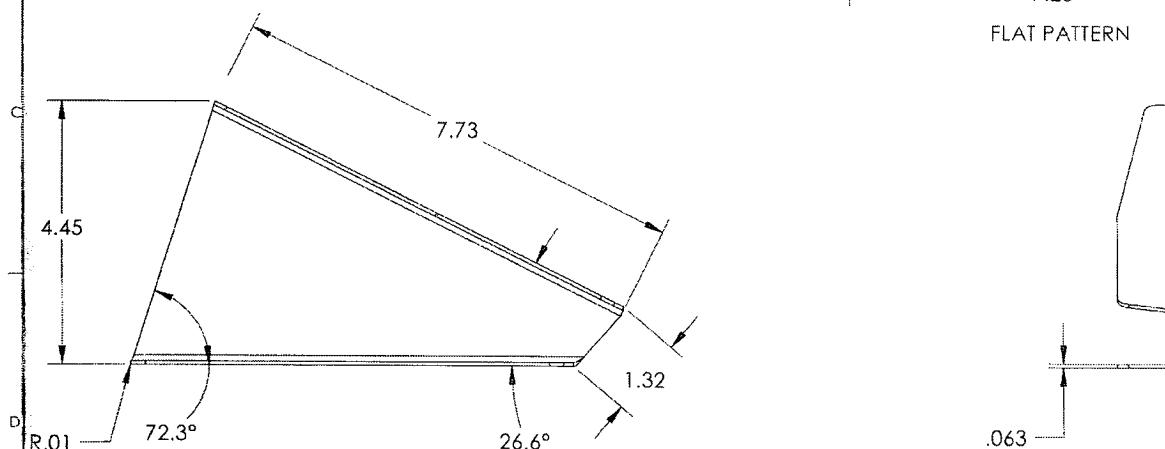
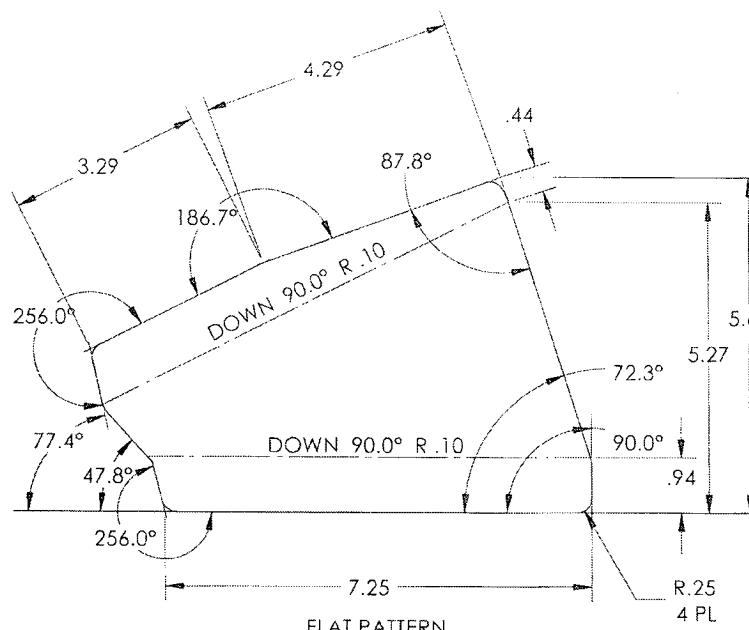
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DESIGNED BY	P BRAVO
REVISED APPROVAL	
PRINTED BY	
QUALITY CONTROL	
COMPLETED BY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN MILLIMETERS +0.5MM TOLERANCES ARE +0.5MM, -0.2MM SPECIAL TOLERANCES +0.5MM ANGLES ± 5°	
APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
SHEETMETAL	
REV.	
CLASS CODE	DIN 1.02
B	647.1800
SCALE: NONE	1:1
SHEET	6 OF 7

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3

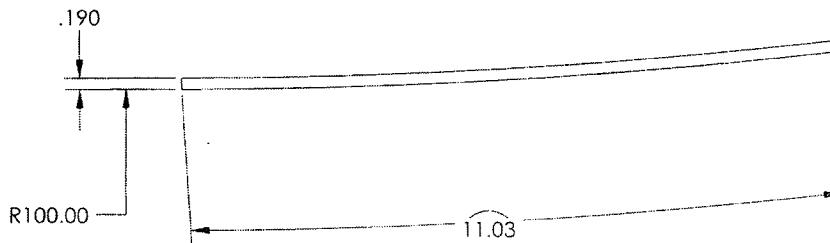
6

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10

.647.18



R100.00

— 110 —

ORIGINAL DATE	REVISION NUMBER
10-10-87	1
DRAFTER	CHECKED
J. GARDNER	P. BRI
DRAWING APPROVAL	
P. BRI	
DRAFTS	
CONTRACT NO.	
CROSS HATCHES IF DIMENSIONS ARE IN INCHES; USE SPACES FOR DECIMALS; SPACE DECIMALS FOR FEET	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
SUITE 1100 • SAN ANTONIO, TX 78216-3300

SHEETMETAL

CLSD	CHES	SEE B	CAGE CODE 07M26	DWG. NO. 647.1800	REV N/C
1		SCALE: NONE	1 SHEET		7 OF 7

DART AEROSPACE LTD	Work Order:	92079
Description: Nose Over Spacer	Part Number:	647-1818
Inspection Dwg: 647-1800 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by: Jm	Audited by: <u>SAS</u> 15 0-00	Preliminary Approval:
Date: 12.11.1	Date: 10.11.09	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 8 PCS 647.1610 5 PCS 647.1612 2 PCS 647.1713 6 PCS 647.1811 1 PC 647.1816 1 PC 647.1847 6 PCS 647.1818 11 PCS 646.3210 20 PCS 646.3313 10 PCS 646.3717 20 PCS 646.3717 16 PCS 647.4610 10 PCS 649.4811 10 PCS 649.4812 24 PCS 649.4814 30 PCS 649.4815 6 PCS 647.7913 3 PCS 647.7919 10 PCS 647.9010 10 PCS 647.9011 15 PCS 647.9012 40 PCS 647.9013 60 PCS 646.9710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120768 PO: PO18506 Line:
	Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 12/12/12



A.T.G. Industries Inc.
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Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE : <u>Mr</u> RECEIVER SIGNATURE : <u>R. Polley</u>